


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000005365</b> 1. Entity Name FAY AND RICHARD ZINN FAMILY FOUNDATION, INC.	
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Principal Place of Business 9350 BAY HARBOR DR. W. APT 5A BAY HARBOR ISLANDS, FL 33154	Mailing Address 8920 SW 105TH STREET MIAMI, FL 33176
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01092008 No Chg-NP CR2E037 (4/06)

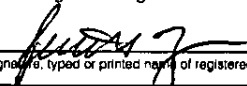
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0873169	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  ZINN, RICHARD 7775 N.W 48TH STREET SUITE #110 MIAMI, FL 33166
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 1/10/2008

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000787243  
01/17/08-80073-017 61.25

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	ZINN, FAY
STREET ADDRESS	9350 W BAY HARBOR DR APT 5A
CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154
TITLE	D
NAME	ZINN, RICHARD
STREET ADDRESS	7775 NW 48TH ST STE 110
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	D
NAME	REINHARD, SANFORD
STREET ADDRESS	2875 NE 191ST STE 404
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR